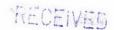


Control Number: 50594



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Public Utility Commission of Texas 2020 APR 27 AM II: 15

Five-Year Report

Required by 16 Texas Admin. Code § 25.97(e)

PROJECT NO. <u>50594</u>

AFFECTED ENTITY: South Plains Electric Cooperative, Inc.

General Information

Pursuant to 16 Texas Admin. Code § 25.97(e)(1), not later than May 1 every five years, each affected entity that owns or operates overhead transmission facilities greater than 60 kilovolts must submit this report. The first report must be submitted not later than May 1, 2020.

Instructions

Answer all questions, fill-in all blanks, and have the report notarized in the Affidavit.

Affidavit

A representative of the affected entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided by attaching a signed and notarized copy of the Affidavit provided with this form.

Filing Instructions

Submit four copies (an original and three copies) of the completed form and signed and notarized Affidavit to:

Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326 Telephone: (512) 936-7180

1. Historical five-year reporting period: 20/5-2020
What percentage of overhead transmission facilities greater than 60 kilovolts did you inspect for compliance with the National Electric Safety Code (NESC) relating to vertical clearance in the historical five-year reporting period?
100%



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2. Future five-year reporting period: 2015-2020
What percentage of overhead transmission facilities greater than 60 kilovolts do you anticipate you will inspect for compliance with the NESC relating to vertical clearance during the future five-year reporting period beginning on January 1 of the year in which this report is submitted?
100 %

Affected Entity: South Mains Electric Confention, Inc. PROJECT NO. 50594

AFFIDAVIT

I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

Signature

Printed Name

GENERAL MARAON

Job Title

June of Affected Entity

Name of Affected Entity

amily

Sworn and subscribed before me this 221d day of _

Notary Public in and For the State of

My commission expires on 4-27-21

JAMEY L. PHILLIPS
NOTARY PUBLIC - STATE OF TEXAS
IDS 1 0 0 2 1 1 5 7
COMM. EXP. 04-27-2021